



Kentucky Transportation Cabinet
Department of Vehicle Regulation

TC 95-613
12/2014
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Division of Motor Carriers

Temporary Event-Related Authority Application

PLEASE READ AND FOLLOW INSTRUCTIONS CAREFULLY.

ATTACH \$25.00 FILING FEE MADE PAYABLE TO "KENTUCKY STATE TREASURER."

Check or Money Order

To: Kentucky Transportation Cabinet
Office of Legal Services
200 Mero Street, 6th Floor
Frankfort, Kentucky 40622
(502) 564-1257 (Motor Carriers)

MC NO. (if available)

DOT NO. (if available)

DOCKET NO.

(Department Use Only)

ALL FIELDS REQUIRED

Legal name _____

Doing business as _____

Street address _____

City _____ County _____ State _____ ZIP _____

Phone _____ Fax _____

Email address (required)

Mailing address (if different from above)

Due to the extraordinary number of persons expected to attend the event below who may require motor carrier transportation, there may exist an immediate and urgent need for the applicant to be granted the temporary authority requested below.

Name of event
Date(s) of event
Origin of operation (city(ies) or county(ies))

Pursuant to KRS 281.632(1), the above named applicant is requesting temporary authority to operate the number and type of motor carrier vehicle listed below:

Vehicle Type (Choose only one vehicle type per application.)	Number of Vehicles
<input type="checkbox"/> Taxicab Vehicle (not more than fifteen [15] passengers plus the driver)	
<input type="checkbox"/> Limousine Vehicle (not more than fifteen [15] passengers plus the driver)	
<input type="checkbox"/> Charter Bus Vehicle (sixteen [16] passengers or more plus the driver)	
<input type="checkbox"/> Disabled Persons Vehicle (ADA compliant not more than fifteen [15] passengers plus the driver)	
I hereby certify that:	



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1. If the applicant has applied for charter bus authority, the applicant has reviewed and is in compliance with the following federal and state regulatory requirements and shall maintain that compliance while operating pursuant to this authority and throughout each subsequent renewal period:
 - a. 49 CFR Part 382, Controlled substances and alcohol use and testing
 - b. 49 CFR Part 383, Commercial driver's license standards; requirements and penalties
 - c. 49 CFR Part 391, Qualifications of drivers and longer combination vehicle (LCV) driver instructors
 - d. 49 CFR Part 392, Driving of commercial motor vehicles
 - e. 49 CFR Part 395, Hours of service of drivers
 - f. 49 CFR Part 396, Inspection, repair, and maintenance
 - g. 601 KAR 1:005. Safety administrative regulation
2. The applicant is a sole proprietor?
☐ No ☐ Yes (If yes, attach TC 95-615, Assumed Name Registration for Sole Proprietor Applicant, recorded at the county clerk.)
3. The applicant is a corporation, partnership, LLC, or other registered business organization?
☐ No ☐ Yes (If yes, attach a Certificate of Existence (Domestic) or a Certificate of Authorization (Foreign) from the Kentucky Secretary of State.)
4. The applicant has the required Form E, Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance, on file with the Division of Motor Carriers or the applicant shall provide the form before any certificate will be issued and before any operations are conducted.
5. The applicant has completed TC 95-620, Financial Statement of Business Organization Applicant, or TC 95-621, Financial Statement of Sole Proprietor Applicant, or an equivalent notarized financial statement and has enclosed it with this application.

I, the undersigned applicant or applicant official, after being first duly sworn, do hereby state that the above information is true and correct to the best of my knowledge and belief.

Signature _____

Print name _____ Print title _____

THIS SIGNATURE SHALL BE NOTARIZED.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on this the _____ day of _____ 20 _____.

Notary Public _____

My commission expires on _____.

Attorney for Applicant (if applicable)

Signature	Street address	Phone (including area code)
Print name	Street address (line 2)	Fax (including area code)
Firm or company name	City, State, ZIP	Email address (required)